

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED DEC 4 1948

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1548

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
636 West 59th Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community all her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 636 West 59th St.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Harriett S. Andrews

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence C. Andrews

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 29 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 7 19 hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER { 12. Name Samuel Thomas

13. Birthplace Wales
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Morgan

15. Birthplace Wales
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Andrews,

(b) Address 636 W. 59th St., Kansas City, Mo.

17. (a) burial (b) Date thereof 11-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-19-46 (b) Thalading Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1946 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 11-18-46, 1946, to 11-19-46, 1946; that I last saw him alive on 11-19-46; and that death occurred on the date and hour stated above.

Immediate cause of death: Primary leukemia

Due to arterio sclerosis

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 932
Of operations _____

Of autopsy Histology to Prognosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 5

23. Signature James C. Walker (M. D. or other) _____

Address 1824 W. 14th Date signed 11-18-46

Duration

PHYSICIAN

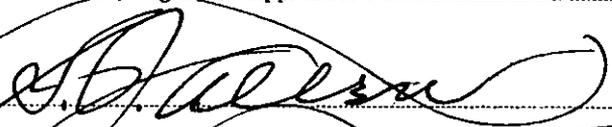
Underline the cause to which death should be charged statistically.

MS
MAY 4
1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No.

1415

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.